24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
National Nurses United for Patient Protection	C C00490375	
Check If 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee		
Campaign Workshop	M M / D D / Y Y Y Y	
Mailing Address 1129 20th Street, Suite 200	10 15 2012	
City State Zip Code	Outri	
Washington DC 20036	1500.00	
Tran	usaction ID : D477541 ught: V House State: CA	
Web page design Category/ Type	Senate District: 07	
Name of Federal Candidate Supported or Opposed by Expenditure:	President ——	
Ami Bera Check Or	ne: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought Disbursen	ment For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	te	
Campaign Workshop	M M / D D / Y Y Y	
Mailing Address 1129 20th Street, Suite 200	10 15 2012	
	ount	
City State Zip Code	1500.00	
	nsaction ID : D477542	
Purpose of Expenditure Web page design Category/ Type Office So	House State: IL Senate District: 13	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
David M Gill Check Or	ne: X Support Dppose	
Calendar Year-To-Date Per Election for Office Sought 29500.00 Disburser 2012	ment For: ☐ Primary ☐ General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	3000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
	7 7	
(c) TOTAL Independent Expenditures	7 7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Carolyn Hietamaki [Electronically Filed] Date 10	/ 16 2012	
Signature	2012	

SCHEDULE E)	PAGE 2 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
National Nurses United for Patient Protection	C C00490375	
Check If 24-hour report X 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee		
Campaign Workshop	Date	
Mailing Address 1129 20th Street, Suite 200	10 15 2012 Amount	
City State Zip Code	Amount	
Washington DC 20036	1500.00	
Dumana of Europe diture	ransaction ID : D477543 Sought:	
Web page design Category/ Type	Senate District: 26	
Name of Federal Candidate Supported or Opposed by Expenditure:	President ——	
Julia Brownley Check	One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 29500.00 Disburs 2012	Sement For: Primary General Other (specify)	
	Date	
Campaign Workshop	M M / D D / Y Y Y Y	
Mailing Address 1129 20th Street, Suite 200	10 15 2012	
l A	Amount	
City State Zip Code Washington DC 20036	28000.00	
Tr	ransaction ID : D478411 Sought: House State: CA	
Purpose of Expenditure Web page design & online advertising buy Category/ Type Office S	Sought: House State: CA Senate District: 07	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
Ami Bera Check	One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 29500.00 Disburs 2012	sement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	29500.00	
(h) SUDTOTAL of Unitamized Independent Europeditures		
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Carolyn Hietamaki [Electronically Filed] Date 10	16 2012	
Signature	10 2012	

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 3 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
National Nurses United for Patient Protection	C C00490375	
	M = M / D = D / Y = Y = Y	
Check If 24-hour report 48-hour report New report Amends report filed of	on	
Full Name (Last, First, Middle Initial) of Payee Campaign Workshop	Date	
	10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1129 20th Street, Suite 200	Amount	
City State Zip Code		
Washington DC 20036	28000.00 ransaction ID : D478412	
Purpose of Expenditure Web page design & online advertising buy Category/	Sought: House State: CA	
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: 26 President	
	One: Support Oppose	
Calendar Year-To-Date Per Election Disbut	rsement For: Primary General	
for Office Sought 29500.00 2012	Other (specify)	
	Date	
Campaign Workshop	10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1129 20th Street, Suite 200	Amount	
City State Zip Code	Amount	
Washington DC 20036	28000.00 Transaction ID : D478413	
Purpose of Expenditure Web page design & online advertising buy Category/	Sought: House State: IL	
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: 13 President	
	One: Support Oppose	
	rsement For: Primary General	
for Office Sought 29500.00 2012	Other (specify)	
· .		
(a) SUBTOTAL of Itemized Independent Expenditures	56000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
	7 7 ~	
(c) TOTAL Independent Expenditures	7 7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Carolyn Hietamaki	M / D D / Y Y Y Y	
Signature [Electronically Filed] Date 10	16 2012	

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 4 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full) National Nurses United for Patient Protection	C IDENTIFICATION NUMBER ▼	
C	C00490375	
Check If 24-hour report 48-hour report New report Amends report filed on	/ D D / Y Y Y Y	
Full Name (Last, First, Middle Initial) of Payee		
Campaign Workshop		
Mailing Address 1129 20th Street, Suite 200	15 2012	
Amount		
City State Zip Code Washington DC 20036	26500.00	
Purpose of Expenditure Office Sought:	n ID : D480081 ✓ House State: NV	
Web page design & online advertising buy Type	Senate District: 04	
Name of Federal Candidate Supported or Opposed by Expenditure:	President Oppose	
Steven A Horsford Check One:	Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 26500.00 Disbursement Fe	or: Primary General (specify)	
Full Name (Last, First, Middle Initial) of Payee Date		
M = N	/ / D D / Y TY TY	
Mailing Address		
City State Zip Code		
State Zip Code	7	
Purpose of Expenditure Category/ Office Sought:	House State:	
Type	Senate District: President	
Name of Federal Candidate Supported or Opposed by Expenditure: Check One:	Support Oppose	
Calendar Year-To-Date Per Election for Office Sought Disbursement For Other	or: Primary General	
(a) SUBTOTAL of Itemized Independent Expenditures	26500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) CODITION OF CHICAGO INCOME.	7 7 7	
(c) TOTAL Independent Expenditures	115000.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Carolyn Hietamaki [Electronically Filed] Date 10 1	6 2012	
Signature	2012	